

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p><b>*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b></p> <p>Members 3–17 years of age, who had an outpatient visit with a PCP or OB/GYN during the measurement year and had evidence of the following documented:</p> <ul style="list-style-type: none"> <li>• BMI percentile*</li> <li>• counseling for nutrition</li> <li>• counseling for physical activity</li> </ul> <p>ICD-10 Codes: BMI percentile: Z68.51–Z68.54</p> <p>Counseling for physical activity: Z02.5, Z71.82</p> <p>CPT Codes: Counseling for nutrition: 97802–97804</p> <p><small>* Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</small></p>	<p>BMI Percentile documentation must include date, height, weight and:</p> <ul style="list-style-type: none"> <li>• BMI percentile may be plotted on age-growth chart.</li> <li>• Weight and height must be taken during the measurement year.</li> </ul> <p>Counseling for nutrition documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> <li>• Discussion of current nutritional behaviors (e.g., eating habits, dieting behaviors)</li> <li>• checklist indicating nutrition was addressed</li> <li>• counseling or referral for nutrition education</li> <li>• educational materials on nutrition during a face-to-face visit</li> <li>• anticipatory guidance for nutrition</li> <li>• weight or obesity counseling</li> <li>• referral to WIC</li> </ul> <p>Counseling for physical activity documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> <li>• discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)</li> <li>• checklist indicating physical activity was addressed</li> <li>• counseling or referral for physical activity</li> <li>• educational materials on physical activity during a face-to-face visit</li> <li>• anticipatory guidance specific to the child’s physical activity</li> <li>• weight or obesity counseling</li> </ul> <p>Documentation of meeting Developmental Milestones only does not meet HEDIS<sup>®</sup> criteria for physical activity counseling.</p> <p>Services specific to acute or chronic condition do not count toward the counseling indicators for either nutrition or physical activity.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year.</li> <li>• members who have a diagnosis of pregnancy anytime during the measurement year.</li> <li>• members who died anytime during the measurement year.</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>*Lead Screening in Children <b>*Medicaid</b></p> <p>Children who turn 2 years old during the measurement year</p> <p>CPT Code: 83655</p>	<p>The percentage of children 2 years of age who had one or more capillary or venous lead blood test by their second birthday.</p> <p>Documentation in the record must include both of the following:</p> <ul style="list-style-type: none"> <li>• date the test was performed</li> <li>• the result or finding</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year.</li> <li>• members who died anytime during the measurement year.</li> </ul>
<p>Chlamydia Screening</p> <p>Age 16-24</p> <p>CPT Codes for Chlamydia Screening: 87110; 87270; 87320;87490- 87492; 87810</p>	<p>Members who were recommended for routine chlamydia screening were identified as sexually active and had at least one test for chlamydia during the measurement year.</p> <p>Exclusion:</p> <ul style="list-style-type: none"> <li>• Sex Assigned at Birth: (LOINC code 76689-9) Male (LOINC code LA2-8) any time in the member's history.</li> <li>• members in hospice or using hospice services anytime during the measurement year.</li> <li>• members who died anytime during the measurement year.</li> </ul>

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<p>Care for Older Adult (COA) <b>*Medicare</b></p> <p>Adults 66 years of age and older</p> <p>CPT Codes for COA:</p> <p>Medication Review: 1160F, 90863, 99483, 99605, 99606</p> <p>Medication List: 1159F</p> <p>Transition Care Management: 99495, 99496</p> <p>Functional Status Assessment: 1170F, 99483</p>	<p>Adults 66 years of age and older who had both of the following during the measurement year:</p> <p><b>Medication Review:</b></p> <ul style="list-style-type: none"> <li>At least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year <b>and</b> the presence of a medication list in the medical record, as documented through either administrative data or medical record review.</li> <li>A medication list, signed and dated during the measurement year by the appropriate practitioner type (prescribing practitioner or clinical pharmacist), meets criteria (the practitioner’s signature is considered evidence that the medications were reviewed)</li> <li>Documentation must come from the same medical record and must include one of the following: <ul style="list-style-type: none"> <li>A medication list in the medical record and evidence of a medication review by a prescribing practitioner or clinical pharmacist and the date when it was performed.</li> <li>Notation that the member is not taking any medication and the date when it was noted.</li> </ul> </li> </ul> <p>*A review of side effects for a single medication at the time of prescription alone is not sufficient. An outpatient visit is not required to meet criteria. Do not include medication lists or medication reviews performed in an acute inpatient setting.</p> <p><b>Functional Status Assessment:</b></p> <ul style="list-style-type: none"> <li>At least one functional status assessment during the measurement year, as documented through either administrative data or medical record review.</li> <li>Documentation in the medical record must include evidence of a complete functional status assessment and the date when it was performed.</li> <li>A functional status assessment limited to an acute or single condition, event, or body system (e.g., lower back, leg) does not meet criteria for a comprehensive functional status assessment. The components of the functional status assessment numerator may take place during separate visits within the measurement year. Do not include comprehensive functional status assessments performed in an acute inpatient setting.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>

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<p>Oral Evaluation, Dental Services (OED) <b>*Medicaid</b></p> <p>Members under 21 years of age</p> <p><i>*This measure has been included in and/or adapted for HEDIS with the permission of the Dental Quality Alliance (DQA) and American Dental Association (ADA). ©2024 DQA on behalf of ADA, all rights reserved.</i></p>	<p>Members who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Topical Fluoride for Children (TFC) <b>*Medicaid</b></p> <p>Members 1–4 years of age</p> <p><i>* This measure has been included in and/or adapted for HEDIS with the permission of the Dental Quality Alliance (DQA) and American Dental Association (ADA). ©2024 DQA on behalf of ADA, all rights reserved.</i></p>	<p>Members who received at least two fluoride varnish applications during the measurement year</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>

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<p>Appropriate Testing for Pharyngitis (CWP)</p> <p>Ages 3 years and older</p> <p>ICD-10 Codes to Identify Pharyngitis: J02.0, J02.8–J02.9, J03.00–J03.01, J03.80–J03.81, J03.90–J03.91</p>	<p>The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Pharmacotherapy Management of COPD Exacerbation (PCE)</p> <p>Adults 40 years and older</p> <p>ICD-10 Codes to Identify COPD: J41.0, J41.1, J42, J43.0–J43.2, J43.8, J44.1, J44.81, J44.89, J44.9</p>	<p>The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> <li>Dispensed a Systemic Corticosteroid (or there was evidence of an active prescription) within 14 days of the event.</li> <li>Dispensed a Bronchodilator (or there was evidence of an active prescription) within 30 days of the event.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Asthma Medication Ratio (AMR)</p> <p>Ages 5–64</p> <p>ICD10 Codes to Identify Asthma: J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998</p>	<p>Members identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members who had any diagnosis that requires a different treatment approach than members with asthma anytime during the member’s history through December 31 of the measurement year:</li> <li>members who had no asthma controller or reliever medications prescribed during the measurement year.</li> <li>members in hospice or using hospice services any time during the measurement year.</li> <li>members who died any time during the measurement year.</li> </ul>

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<p>Controlling High Blood Pressure (CBP)</p> <p>Adults ages 18–85</p> <p>ICD-10 Codes to Identify HTN: I10</p> <p>CPT II Codes for BP values:</p> <p>Systolic less than 130: 3074</p> <p>Systolic 130-139: 3075</p> <p>Systolic greater than/equal to 140: 3077F</p> <p>Diastolic less than 80: 3078F</p> <p>Diastolic 80–89: 3079F</p> <p>Diastolic greater than/equal to 90: 3080F</p>	<p>Members who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</p> <p><b>Identify the most recent BP reading noted during the measurement year.</b></p> <p>The BP reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>• members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant anytime during the member’s history on or prior to December 31 of the measurement year</li> <li>• members with a diagnosis of pregnancy anytime during the measurement year</li> <li>• members who died any time during the measurement year</li> </ul>
<p>Cardiac Rehabilitation (CRE)</p> <p>Adults 18 years and older</p> <p>CPT codes: 93797–93798</p>	<p>Members who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement</p> <p>Four rates are reported:</p> <ol style="list-style-type: none"> <li>1. Initiation: percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event</li> <li>2. Engagement 1: percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.</li> <li>3. Engagement 2: percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event</li> <li>4. Achievement: percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services or receiving palliative care any time during the measurement year</li> <li>• members who died any time during the measurement year</li> <li>• members discharged from an inpatient setting with any of the following on the discharge 180 days after the episode date: MI, CABG, heart or heart/lung transplant, or heart valve repair or replacement</li> </ul>

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<p>Statin Therapy for Patients with Cardiovascular Disease (SPC)</p> <p>Males age 21–75; Females ages 40–75</p> <p>Moderate or High-intensity Statin Therapy:</p> <p>Atorvastatin: 10–80mg Amlodipine-atorvastatin: 10–80mg Rosuvastatin: 5–40mg Simvastatin: 20–80mg Ezetimibe-simvastatin: 20–80mg Pravastatin: 40–80mg Lovastatin: 40mg Fluvastatin 40–80mg Pitavastatin 1–4mg</p> <p>ICD-10 Codes for Myalgia/Myositis/Myopathy/ Rhabdomyolysis: G72.0, G72.2, G72.9, M60.80–M60.812, M60.819, M60.821–M60.822, M60.829, M60.831–M60.832, M60.839, M60.841–M60.842, M60.849, M60.851–M60.852, M60.859, M60.861–M60.862, M60.869, M60.871–M60.872, M60.879, M60.88–M60.89, M60.9, M62.82, M79.1–M79.12, M79.18</p>	<p>Members identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Received Statin Therapy: members who were dispensed at least one high or moderate-intensity statin medication during the measurement year</li> <li>2. Statin Adherence 80%: members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• Diagnosis of pregnancy or had IVF during the measurement year or the year prior</li> <li>• Diagnosis of ESRD, dialysis, or cirrhosis during the measurement year or the year prior</li> <li>• Diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year</li> <li>• Myalgia or rhabdomyolysis caused by a statin anytime during the member’s history through December 31 of the measurement year</li> <li>• Dispensed at least one prescription for clomiphene during the measurement year or the year prior</li> <li>• In hospice or using hospice services or receiving palliative care any time during the measurement year</li> <li>• Members who died any time during the measurement year</li> </ul>

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<p>Glycemic Status Assessment for Patients with Diabetes (GSD)</p> <p>Adults 18–75 years</p> <p>ICD-10 Codes to Identify Diabetes: E10.10, E10.11, E10.21, E10.22, E10.29, E10.8, E10.9, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29 E11.69, E11.8, E11.9, E13.00–E13.9</p> <p>CPT/CPT II for HbA1c: 83036, 83037, 3044F, 3046F, 3051F, 3052F</p>	<p>Members with diabetes (Types 1 and 2) whose most recent glycemic status (hemoglobin A1c (HbA1c) or glucose management indicator (GMI) were at the following levels during the measurement year:</p> <ul style="list-style-type: none"> <li>• Glycemic Status (&lt;8.0%)</li> <li>• Glycemic Status (&gt;9.0%)</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice, using hospice services or palliative care anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>
<p>Blood Pressure Control for Patients with Diabetes (BPD)</p> <p>Adults 18–75 years</p> <p>CD-10 Codes to Identify Diabetes: E10.10, E10.11, E10.21, E10..22, E10.29, E10.8, E10.9, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29 E11.69, E11.8, E11.9, E13.00–E13.9</p> <p>CPT II Codes for BP values: Systolic less than 130: 3074 Systolic 130-139: 3075 Systolic greater than/equal to 140: 3077F Diastolic less than 80: 3078F Diastolic 80–89: 3079F Diastolic greater than/equal to 90: 3080F</p>	<p>Members with diabetes (Types 1 and 2) whose blood pressure (BP) was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</p> <p><b>Identify the most recent BP reading noted during the measurement year.</b></p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice, using hospice services or receiving palliative care any time during the measurement year</li> <li>• members who died any time during the measurement year</li> </ul>

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<p>Eye Exam for Patients With Diabetes (EED)</p> <p>Adults 18–75 years</p> <p>ICD-10 Codes to Identify Diabetes: E10.10, E10.11, E10.21, E10.22, E10.29, E11.00–E11.9, E13.00–E13.9</p> <p>CPT/CPT II codes for Diabetic Retinal Screening:</p> <p>92235,92230,92250,99245, 99243,99244,99242,99205, 99203, 99204, ,92018,92019, 92004,92002,92014,92012, 92202,92201,92134, 99213–99215, 99242–99245, 2022F–2026F, 2033</p>	<p>Member with diabetes (types 1 and 2) who had a retinal eye exam. Screening or monitoring for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following:</p> <ul style="list-style-type: none"> <li>• A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.</li> <li>• A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• bilateral eye enucleation anytime during the member’s history through December 31 of the measurement year</li> <li>• members in hospice, using hospice services, or receiving palliative care anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>
<p>*Kidney Health Evaluation for Patients with Diabetes</p> <p>Adults age 18–85</p> <p>ICD-10 Codes to Identify Diabetes: E10.10, E10.11, E10.21, E10.22, E10.29, E11.00–E11.9, E13.00–E13.9</p> <p>CPT Codes eGFR: 80047–80048, 80050,80053, 80069, 82565 uACR: 82043, 82570</p> <p><small>*This measure was developed by NCQA with input from the National Kidney Foundation.</small></p>	<p>Members with a diagnosis of diabetes (Type 1 and Type 2) who received a kidney health evaluation during the measurement year, defined by:</p> <ul style="list-style-type: none"> <li>• an estimated glomerular filtration rate (eGFR) and</li> <li>• a urine albumin-creatinine ratio (uACR)</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members with evidence of ESRD or dialysis anytime during the member’s history on or prior to December 31 of the measurement year</li> <li>• members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>

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<p>Statin Therapy for Patients with Diabetes (SPD)</p> <p>Adults age 40–75</p> <p>ICD-10 Codes for Myalgia/Myositis/Myopathy/Rhabdomyolysis: G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821–M60.822, M60.829, M60.831–M60.832, M60.839, M60.841–M60.842, M60.849, M60.851–M60.852, M60.859, M60.861–M60.862, M60.869, M60.871–M60.872, M60.879, M60.88- M60.89, M60.9, M62.82, M79.11-M79.12, M79.18</p>	<p>Members during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Received Statin Therapy: members who were dispensed at least one statin medication of any intensity during the measurement year</li> <li>2. Statin Adherence 80%: members who remained on a statin medication of any intensity for at least 80% of the treatment period (from prescription date through end of year)</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members diagnosed with myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year.</li> <li>• Myalgia or rhabdomyolysis caused by a statin anytime during the members history through December 31 of the measurement year.</li> <li>• members with any of the following during both the measurement year and the year prior to the measurement year: IVD diagnosis, pregnancy/IVF, prescribed clomiphene, ESRD or dialysis, cirrhosis</li> <li>• members who had at least one of the following during the year prior to the measurement year: discharged from an inpatient setting with MI or had a CABG, PCI, or other revascularization procedure</li> <li>• members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>• members who died any time during the measurement year</li> </ul>

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<p>Osteoporosis Management in Women Who Had a Fracture (OMW) *<b>Medicare</b></p> <p>Women ages 67–85</p> <p>CPT Codes to Identify BMD Test: 76977, 77078, 77080–77081, 77085–77086</p> <p>HPCS Codes for Osteoporosis Meds: J0897, J1740, J3110, J3489</p>	<p>Women who suffered a fracture and had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the in 180 days (6 months) after the fracture.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who received palliative care anytime during the intake period through the end of the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>
<p>Osteoporosis Screening in Older Women (OSW) *<b>Medicare</b></p> <p>Women ages 65–75</p> <p>CPT Codes: 76977, 77078, 77080–77081, 77085</p>	<p>Percentage of women who received osteoporosis screening one or between the member’s 65<sup>th</sup> birthday and December 31 of the measurement year.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members who had a claim/encounter for osteoporosis therapy any time in the member’s history through December 31 of the year prior to the measurement year</li> <li>• members who were prescribed a prescription to treat osteoporosis any time on or between January 1, 2022, through December 31, 2024</li> <li>• members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Follow-up After Hospitalization for Mental Illness (FUH) Ages 6 and over</p>	<p>The percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Percentage of discharges for which the member received follow-up within seven days after discharge</li> <li>2. Percentage of discharges for which the member received follow-up within 30 days after discharge</li> </ol> <p>➤ <i>Do not include services that occur on the date of discharge</i></p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>
<p>Follow-up After Emergency Department Visit for Mental Illness (FUM)* Ages 6 years and older</p> <p>Behavioral Health Outpatient and Observation CPT Codes: 98960-98962,99078,99201-99205,99211-99215, 99217-99220 99241-99245,99341-99345,99347-99350,99381-99387,99391-99397,99401-99404,99411,99412,99483,99492-99494,99510</p> <p><small>Adapted from an NCQA measure with financial support from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) under Prime Contract No. HHSP23320100019W1/ HHSP23337001T, in which NCQA was a subcontractor to Mathematica. Additional financial support was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA).</small></p>	<p>Percentage of emergency department visits with a principal diagnosis of mental illness or any diagnosis of intentional self-harm and had a mental health follow-up service.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. the percentage of ED visits for which the member received follow-up within seven days of the ED visit (eight total days)</li> <li>2. the percentage of ED visits for which the members received follow-up within 30 days of the ED visit (31 total days)</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Follow-up After High-intensity Care for Substance Use Disorder (FUI)</p> <p>Ages 13 and older</p>	<p>Percentage of acute inpatient hospitalization, residential treatment, or withdrawal management visits for a diagnosis of substance use disorder that result in a follow up visit or service for substance use disorder</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of visits or discharges for which members received follow-up for substance use disorder within seven days after the visit or discharge</li> <li>2. The percentage of visits or discharges for which members received follow-up for substance use disorder within 30 days after the visit or discharge</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>
<p>Follow-up After Emergency Department Visit for Substance Use (FUA)</p> <p>Ages 13 and older</p> <p>Outpatient and Telehealth Visit CPT Codes: 99483 99281 99285 99283 99284 99282 99345 99342 99344 99341 99350 99348 99349 99347 99385 99386 99387 99384 99382 99381 99383 99245 99243 99244 99242 99205 99203 99204 99202 99211 99215 99213 99214 99212 99395 99396 99397 99394 99392 99391 99393 99401 99402 99403 99404 99411 99412 99429 99456 99455</p> <p><small>*Adapted from an NCQA measure with financial support from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) under Prime Contract No. HHSP23320100019WI/HHSP23337001T, in which NCQA was a subcontractor to Mathematica. Additional financial support was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA).</small></p>	<p>Percentage of ED visits with principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was a follow-up.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of ED visits for which the member received follow-up within seven days of the ED visit (eight total days)</li> <li>2. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Adults age 18–64</p> <p>ICD-10 Codes To Identify Diagnosis: Bipolar: F30.10–F30.13, F30.2–F30.4, F30.8–F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4–F31.5, F31.60–F31.64, F31.70–F31.78 Schizophrenia: F20.0–F20.3, F20.5, F20.81, F20.89, F20.9, F25.0–F25.1, F25.8–F25.9</p> <p>CPT Codes To Identify Diabetes Screening: Glucose tests: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 HbA1c tests: 83036, 83037</p>	<p>Members with a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening (glucose or HbA1c) test during the measurement year</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members with diabetes or who were dispensed insulin or oral hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year</li> <li>members who had no antipsychotic medications dispensed during the measurement year</li> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Pharmacotherapy for Opioid Use Disorder (POD) Ages 16 and older</p> <p><small>* Adapted with permission by NCQA from the "Continuity of Pharmacotherapy for Opioid Use Disorder" measure owned by The RAND Corporation</small></p>	<p>Percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)</p> <p>Adults age 18–64</p> <p>CPT Codes to Identify: HbA1c tests: 83036, 83037</p> <p>LDL-C Screening: 80061,83700, 83701, 83704, 83721</p>	<p>Members with a diagnosis of schizophrenia or schizoaffective disorder and diabetes who had both an LCL-C test and an HbA1c test during the measurement year</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)</p> <p>Adults ages 18-64</p> <p>CPT Codes to Identify: LDL-C Screening: 80061,83700, 83701, 83704, 83721</p>	<p>Percentage of members with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)*</p> <p>Adults 18 and older</p> <p><i>*Adapted by NCQA with permission of the measure developer, CMS.</i></p>	<p>Percentage of members during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>Members with a diagnosis of dementia</li> <li>Did not <i>have</i> at least two antipsychotic medication dispensing events</li> <li>members in hospice or using hospice services during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Transitions of Care (TRC) <b>*Medicare</b> Adults age 18 and older</p> <p>CPT codes for Transitional Care Management Services: 99495, 99496</p> <p>Patient Engagement: 99483,99345,99342,99341, 99344,99350, 99347-99349; 99385-99387;99381- 9384;99242-99245;99202- 99205; 99211-99215; 99421- 99423; 99393-99397;99401- 99404;99412, 99411, 98970- 98972; 99457, 99458, 98981, 98980, 98966-98968, 99441-99443; 99429, 99456, 99455</p> <p>Medication Reconciliation: 99483, 99495, 99496, 1111F</p>	<p>The percentage of discharges for members 18 years of age and older who had each of the following:</p> <ul style="list-style-type: none"> <li>• Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days)</li> <li>• Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).</li> <li>• Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.</li> <li>• Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services during the measurement year</li> <li>• members who died during the measurement year</li> </ul>

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Sentara Health Plans  
Care Coordination

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Follow-up After Emergency Department Visit for People with Multiple High- risk Chronic Conditions (FMC) <b>*Medicare</b></p> <p>Ages 18 and older</p> <p>Outpatient and Telehealth Visit CPT Codes: 99483 99281 99285 99283 99284 99282 99345 99342 99344 99341 99350 99348 99349 99347 99385 99386 99387 99384 99382 99381 99383 99245 99243 99244 99242 99205 99203 99204 99202 99211 99215 99213 99214 99212 99395 99396 99397 99394 99392 99391 99393 99401 99402 99403 99404 99411 99412 99429 99456 99455</p>	<p>Percentage of emergency department (ED) visits for members who have multiple high-risk chronic conditions who had a follow-up service within seven days of the ED visit (total 8 days).</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Advance Care Planning (ACP) <b>*Medicare</b></p> <p>CPT Codes to Identify Advance Care Planning: 99483, 99497</p>	<p>Adults ages 66–80 with advanced illness, an indication of frailty, or receiving palliative care; and adults ages 81 years and older who had advanced care planning during the measurement year</p> <p><i>Advance Care Planning is the discussion or documentation about preferences for resuscitation, life-sustaining treatment, or end-of-life care.</i></p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Non recommended PSA-based Screening in Older Men (PSA) *<b>Medicare</b></p> <p>Men aged 70 and older</p> <p>CPT codes for PSA-based Screening: 84152–84154</p>	<p>Percentage of men screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>prostate cancer diagnosis anytime during the member’s history through December 31 of the measurement year</li> <li>dysplasia of the prostate anytime during the measurement year or the year prior to the measurement year</li> <li>a PSA test during the year <i>prior to</i> the measurement year (2024) where laboratory data indicate an elevated (&gt;4.0 ng/ml)</li> <li>An abnormal PSA test result or finding during the year <i>prior to</i> the measurement year.</li> <li>dispensed prescription for a 5-alpha reductase inhibitor during the measurement year</li> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Appropriate Treatment for Upper Respiratory Infection (URI)</p> <p>Ages 3 months and older</p>	<p>Percentage of episodes for members with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic-dispensing event.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</p> <p>Ages 3 months and older</p> <p>ICD-10 Codes to Identify Acute Bronchitis: J20.3–J20.9, J21.0–J21.1, J21.8–J21.9</p>	<p>Percentage of episodes for members with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members with a diagnosis of any of the following comorbid conditions: emphysema, COPD, immune system disorder, HIV, malignant neoplasms</li> <li>members who died anytime during the measurement year</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Use of Imaging Studies for Low Back Pain (LBP) Adults aged 18–75 ICD-10 Codes to Identify Uncomplicated Low Back Pain: M47.26–M47.28, M47.816–M47.818, M47.896–M47.898, M48.061–M48.07, M48.08, M51.16–M51.17, M51.26, M51.27–M51.36, M51.37, M51.86, M51.87, M53.2X6–M53.2X8, M53.86, -M53.88, M54.16–M54.18, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.53, M99.63, M99.73, M99.83, M99.84 S33.100A–S33.9XXA, S39.002A–S39.92XS</p> <p><i>Note: A higher score indicates appropriate treatment of low back pain (the portion for whom imaging did not occur).</i></p>	<p>Members with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> <li>diagnosis of cancer, HIV, spondylopathy, osteoporosis, major organ transplant, or history of major organ transplant, osteoporosis therapy, or a dispensed prescription to treat osteoporosis or lumbar surgery anytime during the member’s history through 28 days after the IESD</li> <li>trauma or a fragility fracture anytime during the 90 days prior to the IESD through 28 days after the IESD</li> <li>IV drug abuse, neurological impairment, or spinal infection anytime during the 365 days prior to IESD through 28 days after IESD</li> <li>prolonged use of corticosteroids: 90 consecutive days of corticosteroid treatment anytime during the 365 days prior to the IESD and ends on the IESD</li> </ul> <p>Index Episode Start Date (IESD) is defined as the earliest date of service for an eligible encounter during the intake period (January 1 through December 3, 2025) with a principal diagnosis of low back pain.</p>
<p>Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) <b>*Medicare</b> Ages 65 and older</p> <p><i>Note: A lower rate represents better performance for all rates</i></p>	<p>Percentage of members who have evidence of an underlying disease, condition, or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> <li>a history of falls and a prescription for anticholinergic agents, antiepileptics, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, or antidepressants (SSRIs, tricyclic antidepressants, SNRIs)</li> <li>dementia and a prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents</li> <li>chronic kidney disease and a prescription for Cox-2 selective NSAIDs or non-aspirin NSAIDs</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>members with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1, 2024, and December 1, 2025</li> <li>members who died anytime during the measurement year</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Use of High-risk Medications in Older Adults (DAE) <b>*Medicare</b></p> <p>Ages 67 and older</p> <p><i>Note: a lower rate represents better performance.</i></p>	<p>Percentage of members who had at least two dispensing events for the same high-risk medication.</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class.</li> <li>2. The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses.</li> <li>3. Total rate (the sum of the two numerators divided by the denominator, deduplicating for members in both numerators).</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members receiving palliative care during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>
<p>Deprescribing of Benzodiazepines in Older Adults (DBO) <b>*Medicare</b></p> <p>Adults 67 years of age and older</p> <p><i>Note: A lower rate represents better performance for all rates.</i></p>	<p>Members who were dispensed benzodiazepines and experienced a 20% decrease or greater in benzodiazepine dose (diazepam milligram equivalent [DME] dose) during the measurement year</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members with a diagnosis of seizure disorder, REM sleep behavior disorder, benzodiazepine withdrawal, or ethanol withdrawal on or before January 1 of the year prior to the measurement year and the ITE start date</li> <li>• members in hospice or using hospice services or receiving palliative care</li> <li>• members who died anytime during the measurement year</li> </ul>
<p>Use of Opioids at High Dosage (HDO)</p> <p>Adults age 18 and older</p> <p><i>Note: A lower rate indicates better performance.</i></p>	<p>Members who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] <math>\geq 90</math>) for <math>\geq 15</math> days during the measurement year</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members with cancer or sickle cell disease anytime during the measurement year</li> <li>• members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Use of Opioids from Multiple Providers (UOP)*</p> <p>Ages 18 and older</p> <p><i>Note: A lower rate indicates better performance.</i></p> <p><small>*Adapted with financial support from CMS and with permission from the measure developer, Pharmacy Quality Alliance (PQA).</small></p>	<p>Members receiving prescription opioids for <math>\geq 15</math> days during the measurement year, who received opioids from multiple providers</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> <li>1) <i>Multiple Prescribers</i>: members receiving prescription for opioids from four or more different prescribers during the measurement year.</li> <li>2) <i>Multiple Pharmacies</i>: members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.</li> <li>3) <i>Multiple Prescribers and Multiple Pharmacies</i>: members receiving prescriptions for opioids received from four or more different prescribers and 4 or more different pharmacies during the measurement year.</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year.</li> <li>• members who died any time during the measurement year.</li> </ul>
<p>Risk of Continued Opioid Use (COU)*</p> <p>Ages 18 and older</p> <p><i>Note: A lower rate indicates better performance</i></p> <p><small>*Adapted with financial support from the Centers for Medicare &amp; Medicaid Services (CMS) and with permission from the measure developer, Minnesota Department of Human Services.</small></p>	<p>Members who have a new episode of opioid use that puts them at risk for continued opioid use.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of members with at least 15 days of prescription opioids in a 30-day period</li> <li>2. The percentage of members with at least 31 days of prescription opioids in a 62-day period</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members who met at least one of the following at any time during the 365 days prior to the IPSD through 61 days after the IPSD: cancer, sickle cell disease, or palliative care</li> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul> <p><i>*Index prescription start date: The earliest prescription dispensing date for an opioid medication during the intake period (November 1 of the year prior to the measurement year to October 31 of the measurement year).</i></p>

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# Measures Collected Through the Medicare Health Outcomes Survey

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Fall Risk Management (FRM) *<b>Medicare</b></p> <p>Adults ages 65 and older</p>	<p>Two components of this measure that assess different facets of fall risk management:</p> <ul style="list-style-type: none"> <li>• Discussing fall risk: Percentage of members who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner</li> <li>• Managing fall risk: Percentage of members who had a fall or problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner</li> </ul> <p>Exclusion: Evidence from CMS administrative records of a hospice start date.</p>
<p>Management of Urinary Incontinence in Older Adults (MUI) *<b>Medicare</b></p> <p>Adults age 65 and older</p> <p><i>Note: A lower rate indicates better performance for this indicator.</i></p>	<p>Three components that assess the management of urinary incontinence in older adults:</p> <ul style="list-style-type: none"> <li>• Discussing urinary incontinence: Percentage of members who reported having urine leakage in the past 6 months and who discussed their urinary leakage problem with a healthcare provider</li> <li>• Discussing treatment of urinary incontinence: Percentage of members who reported having urine leakage in the past 6 months and who discussed treatment options for their current urine leakage problem</li> <li>• Impact of urinary incontinence: Percentage of members who reported having urine leakage in the past 6 months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot</li> </ul> <p>Exclusion: Evidence from CMS administrative records of a hospice start date.</p>

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# Measures Collected Through the Medicare Health Outcomes Survey

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Physical Activity in Older Adults (PAO) *<b>Medicare</b> Adults ages 65 and older</p>	<p>Two components of this measure that assess different facets of promoting physical activity in older adults:</p> <ul style="list-style-type: none"> <li>• Discussing physical activity: Percentage of members who had a doctor’s visit in the past 12 months and spoke with a doctor or other healthcare provider about their level of exercise or physical activity</li> <li>• Advising physical activity: Percentage of members who had a doctor’s visit in the past 12 months and who received advice to start, increase, or maintain their level of exercise or physical activity</li> </ul> <p>Exclusion: Evidence from CMS administrative records of a hospice start date.</p>
<p>Medical Assistance with Smoking Cessation and Tobacco Use Cessation (MSC)</p> <p>Current smoker/tobacco user ages 18 and older</p>	<p>This measure assesses three different components of providing medical assistance with smoking and tobacco use cessation:</p> <ul style="list-style-type: none"> <li>• Advising smokers and tobacco users to quit: a rolling average represents the percentage of members who were current smokers or tobacco users who received advice to quit during the measurement year</li> <li>• Discussing cessation medications: a rolling average represents the percentage of members who were current smokers or tobacco users who discussed or were recommended cessation medications during the measurement year</li> <li>• Discussing cessation strategies: a rolling average represents the percentage of members who were current smokers or tobacco users who discussed or were provided with cessation methods or strategies during the measurement year</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Adults' Access to Preventive/Ambulatory Health Services (AAP)</p> <p>Adults age 20 and over</p>	<p>Percentage of members who had an ambulatory or preventive care visit</p> <ul style="list-style-type: none"> <li>• During the measurement year for Medicaid and Medicare members</li> <li>• During the measurement year or two years prior for commercial members</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>
<p>Initiation and Engagement of Substance Use Disorder Treatment (IET)</p> <p>Ages 13 and older</p> <p>CPT codes To Identify AOD Visits:            98980, 98981, 98966-98968, 98960-98962, 99078, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99408-99409, 99411-99412, 99421-99423, 99429, 99456, 99441-99443, 98970-98972, 99510, 99483, 99458, 99457, 98980, 98981</p>	<p>Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> <li>• Initiation of SUD treatment: New SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication treatment within 14 days</li> <li>• Engagement of SUD treatment: New SUD episodes that have evidence of treatment engagement within 34 days of the initiation</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>

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MEASURE	SCREENING, TEST, OR CARE NEEDED
<p><b>*Prenatal/Postpartum Care (PPC)</b></p> <p>Members who delivered a live infant between October 8, 2024, and October 7, 2025</p> <p>Codes To Identify Timeliness of Prenatal Care CPT:            99202-99205, 99211-99215, 99242-99245, 99421-99423, 99483, 98970-98972, 99457, 99458, 98980, 98981, 98967, 98968</p> <p>Postpartum Care CPT:            57170, 58300, 59430, 99501</p>	<p>Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.</p> <p>The measure assesses the facets of prenatal and postpartum care:</p> <ul style="list-style-type: none"> <li>• Timeliness of Prenatal Care: Percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization.</li> <li>• Postpartum Care: Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>
<p><b>Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)*</b>            Ages 1-17 years</p> <p>CPT Codes to Identify Psychosocial Care:            90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875-90876, 90880</p> <p><small>*Developed with financial support from the Agency for Healthcare Research and Quality (AHRQ) and CMS under the CHIPRA Pediatric Quality Measures Program Centers of Excellence grant number U18HS020503, from a measure developed by MedNet Medical Solutions.</small></p>	<p>Percentage of children and adolescents who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members for whom first-line antipsychotic medications may be clinically appropriate: members with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder on at least two different dates of service during the measurement year</li> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>

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# Utilization and Risk-adjusted Utilization

HEDIS<sup>1</sup> MY  
2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Well-child Visits in the First 30 months of Life (W30)</p> <p>Children who turned 15 months or 30 months during measurement year</p> <p>CPT Codes to Identify Well-child Visits: 99381–99385, 99391-99395, 99461</p> <p>ICD-10 Codes: Z00.00–Z00.01, Z00.110–Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z02.84, Z76.1–Z76.2</p>	<p>Percentage of members who had the following number of well-child visits with a PCP during the last 15 months.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>Well-Child Visits in the First 15 Months: Children who turn 15months old during the measurement year: Six or more well-child visits</li> <li>Well- child Visits for Age 15 months -30 Months: Children who turn 30 months old during the measurement year: Two or more well-child visits.</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Child and Adolescent Well-care Visits (WCV)</p> <p>Ages 3–21 years</p> <p>CPT Codes to Identify Well-child Visits 99381–99385, 99391–99395, 99461</p> <p>ICD-10 Codes: Z00.00–Z00.01, Z00.110–Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z02.84, Z76.1–Z76.2</p>	<p>Percentage of members who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year</p> <p>The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Antibiotic Utilization for Respiratory Conditions (AXR)</p> <p>Ages 3 months and older</p> <p><small>Note: This measure is designed to capture the frequency of antibiotic utilization for respiratory conditions. Organizations should use this information for internal evaluation only. NCQA does not view higher or lower service counts as indicating better or worse performance.</small></p>	<p>Percentage of members with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.</p> <p>Intake Period: July 1 of the year prior to the measurement year to June 30 of the measurement year.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>

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# Measures Collected Through Electronic Clinical Data Systems (ECDS)

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Breast Cancer Screening (BCS-E)</p> <p>Members age 50–74</p> <p>CPT Codes for Mammography: 77066 77065 77063 77067</p>	<p>Recommended for routine breast Cancer screening and had a mammogram to screen for breast cancer on or between October 1, 2023– December 31, 2025</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>bilateral mastectomy or both a right and left unilateral mastectomies anytime during the member’s history through the end of the measurement year</li> <li>Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria anytime during the member’s history through the end of the measurement year.</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Documented Assessment After Mammogram (DBM-E) *</p> <p>Members age 40-74</p> <p><b>*This is a first -year measure</b></p> <p><small>*This measure was supported by Cooperative Award NU380T000303 from the Centers for Disease Control and Prevention and the National Network of Public Health Institutes (NNPHI). Its contents are the sole responsibility of the authors (NCQA) and do not necessarily represent the official position of the Centers for Disease Control and Prevention, the US Department of Health and Human Services, the US government, or the NNPHI.</small></p>	<p>Percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of a mammogram.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>
<p>Follow-Up After Abnormal Mammogram Assessment (FMA-E) *</p> <p>Members age 40-74</p> <p><b>*This is a first -year measure</b></p> <p><small>*This measure was supported by Cooperative Award NU380T000303 from the Centers for Disease Control and Prevention and the National Network of Public Health Institutes (NNPHI). Its contents are the sole responsibility of the authors (NCQA) and do not necessarily represent the official position of the Centers for Disease Control and Prevention, the US Department of Health and Human Services, the US government, or the NNPHI.</small></p>	<p>Percentage of episodes with inconclusive or high-risk BI-RADS assessments that received appropriate follow-up within 90 days of the assessment.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>members who died anytime during the measurement year</li> </ul>

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# Measures Collected Through Electronic Clinical Data Systems (ECDS)

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Cervical Cancer Screening (CCS-E)</p> <p>Members age 21-64</p> <p>CPT Codes for Cervical Cytology: 88147 88148 88142, 88174 88143 88175 88141 88164 - 88167, 88150 88152 88153</p> <p>High Risk HPV: 87624,87625</p>	<p>Members who were recommended for routine cervical cancer screening who were screened for cervical cancer with any of the following criteria:</p> <ul style="list-style-type: none"> <li>• A PAP test (cervical cytology) within the last three years (2023–2025) for members ages 21–64</li> <li>• Cervical high-risk human papillomavirus (hrHPV) testing within the last five years (2021–2025) for members ages 30–64.</li> <li>• Cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years (2021–2025) for members ages 30–64.</li> </ul> <p><b>Note:</b> Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting; therefore, additional methods to identify cotesting are not necessary.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the member’s history through the end of the measurement period.</li> <li>• Members with sex assigned at birth of male at any time during the patient’s history.</li> <li>• Members in hospice or using hospice services anytime during the measurement period.</li> <li>• Members receiving palliative care or had an encounter for palliative care at any time during the measurement period.</li> <li>• Members who died anytime during the measurement year</li> </ul>

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# Measures Collected Through Electronic Clinical Data Systems (ECDS)

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Colorectal Cancer Screening (COL-E)</p> <p>Adults age 45–75</p> <p>CPT Codes for Colonoscopy: 44388, 44401-44404, 44389, 44391, 44406-44408, 44390, 44392 44394, 45378, 45388, 45398 45380, 45382, 45393, 45381, 45390, 45389, 45391, 45379, 45384, 45385, 45386, 45392</p> <p>CT Colonography: 74261-74263</p> <p>Flexible Sigmoidoscopy: 45330-45335, 45346, 45350, 45337, 45349, 45341 45347, 45338, 45340, 45342</p> <p>FOBT Lab Test: 82274, 82270</p> <p>sDNA FIT Lab Test: 81528</p>	<p>Members with one or more screenings for colorectal cancer: Any of the following meet criteria:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (iFOBT or gFOBT) during the measurement period. For administrative data, assume the required number of samples were returned regardless of FOBT type.</li> <li>• Flexible sigmoidoscopy during the measurement period or the 4 years prior to measurement period.</li> <li>• Colonoscopy during the measurement period or the 9 years prior to measurement year</li> <li>• CT colonography (e.g., virtual colonoscopy) during the measurement period or the 4 years prior to the measurement period.</li> <li>• Stool DNA (sDNA) with FIT test (e.g., Cologuard) during the measurement period or 2 years prior to the measurement period.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• diagnosis of colorectal cancer or total colectomy any time during the member’s history through the measurement year</li> <li>• members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>

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# Measures Collected Through Electronic Clinical Data Systems (ECDS)

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Blood Pressure Control for Patients with Hypertension (BPC-E)</p> <p>Adults age 18-85</p> <p><i>*This is a first -year measure</i></p>	<p>Members who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was,140/90 mm Hg during the measurement period.</p> <p><b>Identify the most recent BP reading noted during the measurement year.</b></p> <p>The BP reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services or receiving palliative care anytime during the measurement year</li> <li>• Members with a nonacute inpatient admission during the measurement period.</li> <li>• members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant anytime during the member’s history on or prior to December 31 of the measurement year</li> <li>• members with a diagnosis of pregnancy anytime during the measurement year</li> <li>• members who died any time during the measurement year</li> </ul>

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# Measures Collected Through Electronic Clinical Data Systems (ECDS)

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Immunizations for Adolescents (IMA-E)</p> <p>Adolescents who turn 13 years old during the measurement period</p> <p><i>All vaccines must be completed on or before 13th birthday.</i></p> <p><i>The measure calculates a rate for each vaccine and two combination rates.</i></p> <p><i>*Parental refusal is not an exclusion</i></p>	<ul style="list-style-type: none"> <li>• 1 dose meningococcal vaccine between the 10th and 13th birthdays or anaphylaxis due to the vaccine anytime on or before the member’s 13th birthday and</li> <li>• 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine between the 10th and 13th birthdays or anaphylaxis or encephalitis due to the vaccine anytime on or before the 13th birthday and</li> <li>• 2-dose or 3-dose HPV vaccination series between the 9th and 13th birthdays or anaphylaxis due to the vaccine anytime on or before the 13th birthday</li> </ul> <p>To align with ACIP recommendations:</p> <ul style="list-style-type: none"> <li>➢ Meningococcal: the quadrivalent (serogroups A, C, W and Y) and pentavalent meningococcal vaccines (serogroups A, C, W, Y and B) are included in the measure.</li> <li>➢ HPV: the minimum interval for the two-dose HPV vaccination schedule is 150 days, with a 4-day grace period (146 days).</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who died anytime during the measurement year</li> </ul>

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# Measures Collected Through Electronic Clinical Data Systems (ECDS)

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Follow-up Care for Children Prescribed ADHD Medication (ADD-E) Ages 6–12</p>	<p>Members with a newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Initiation Phase: members with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.</li> <li>2. Continuation and Maintenance (C&amp;M) Phase: members with a prescription dispensed ADHD medication, remained on the medication for at least 210 days and had two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members with a diagnosis of narcolepsy anytime during their history through the measurement year</li> <li>• members who died during the measurement year</li> </ul>

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# Measures Collected Through Electronic Clinical Data Systems (ECDS)

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) *</p> <p>Ages 1–17</p> <p><small>*Developed with financial support from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare &amp; Medicaid Services (CMS) under the CHIPRA Pediatric Quality Measures Program Centers of Excellence grant number U18 HS020503.</small></p>	<p>Children and adolescents who had two or more antipsychotics prescriptions and had metabolic testing</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> <li>children and adolescents on antipsychotics who received blood glucose testing</li> <li>children and adolescents on antipsychotics who received cholesterol testing</li> <li>children and adolescents on antipsychotics who received blood glucose and cholesterol testing</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died during the measurement year</li> </ul>
<p>Unhealthy Alcohol Use Screening and Follow-up (ASF-E) *</p> <p>Adults age 18 and older</p> <p><small>*Adapted with financial support from the Substance Abuse and Mental Health Services Administration (SAMHSA) and with permission from the measure developer, the American Medical Association (AMA).</small></p>	<p>Members who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.</p> <ul style="list-style-type: none"> <li>Unhealthy Alcohol Use Screening. percentage of members who had a systematic screening for unhealthy alcohol use.</li> <li>Follow-Up Care on Positive Screen. percentage of members receiving brief counseling or other follow-up care within 60 days (2 months) of screening positive for unhealthy alcohol use.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members with alcohol use disorder that starts during the year prior to the measurement year</li> <li>members with a history of dementia anytime during the member’s history through the end of the measurement year</li> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died during the measurement year</li> </ul>

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# Measures Collected Through Electronic Clinical Data Systems (ECDS)

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Depression Screening and Follow-up for Adolescents and Adults (DSF-E) *</p> <p>Ages 12 years and older</p> <p><small>* Adapted with financial support from the Centers for Medicare &amp; Medicaid Services (CMS).</small></p>	<p>The percentage of members were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.</p> <ul style="list-style-type: none"> <li>• Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument.</li> <li>• Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members with a history of bipolar disorder anytime during the member’s history through the end of the year prior to the measurement year</li> <li>• members with depression that starts in the prior year through the measurement year</li> <li>• members who died during the measurement year</li> </ul>
<p>Depression Remission or Response for Adolescents and Adults (DRR-E) *</p> <p>Ages 12 and older</p> <p><small>* Adapted with financial support from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare &amp; Medicaid Services (CMS) under the CHIPRA Pediatric Quality Measures Program Centers of excellence grant number U18HS020503, and with permission from the measure developer, Minnesota Community Measurement.</small></p>	<p>Members with a diagnosis of depression and an elevated PHQ-9 (total score <math>\geq 9</math>) who had evidence of response or remission within four to eight months of the elevated score.</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> <li>1. Follow-up PHQ-9 within four to eight months after the initial elevated PHQ-9 score</li> <li>2. Depression Remission: achieved remission within four to eight months after the initial elevated PHQ-9 score of <math>&lt;5</math></li> <li>3. Depression Response: showed a response within four to eight months after the initial elevated PHQ-9 score with PHQ-9 score reduction of at least 50%</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members with any of the following anytime during the member’s history through the end of the measurement year: bipolar disorder, personality disorder, psychotic disorder, or pervasive developmental disorder</li> <li>• members in hospice or using hospice services anytime during the measurement year</li> </ul>

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MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Adult Immunization Status (AIS-E) *</p> <p>Adults age 19 and older</p>	<p>The percentage of members who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster, pneumococcal and hepatitis B.</p> <ul style="list-style-type: none"> <li>Members who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period or members with anaphylaxis due to influenza vaccine any time before or during the measurement year</li> <li>Members who received at least one Td or Tdap vaccine between 9 years prior to the start of the measurement period and the end of the measurement period; or members with a history of anaphylaxis or encephalitis due to diphtheria, tetanus, or pertussis vaccine</li> <li>Members who received two doses of the herpes zoster recombinant vaccine at least 28 days apart on October 1, 2017, through the end of the measurement period or members with anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period.</li> <li>Members who received at least one pneumococcal vaccine on or after the member’s 19th birthday, before or during the measurement period; or had anaphylaxis due to pneumococcal vaccine any time before or during the measurement period.</li> <li>Members who received at least three doses of the childhood hepatitis B vaccine with different dates of service on or before their 19<sup>th</sup> birthday; or a hepatitis B vaccine series on or after their 19<sup>th</sup> birthday to include either a recommended two-dose adult hepatitis B vaccine administered at least 28 days apart or any other recommended adult hepatitis B vaccine administered on different dates of service.</li> <li>Members who had a hepatitis B surface antigen, antibody, or total antibody to hepatitis B core antigen test with a positive result, hepatitis B illness or anaphylaxis due to the hepatitis vaccine any time before or during the measurement period</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>members in hospice or using hospice services anytime during the measurement year</li> <li>members who died during the measurement year</li> </ul>

\*Developed with support from the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Health (OASH), National Vaccine Program Office (NVPO) and The Hepatitis Education Project.

<sup>1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)  
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# Measures Collected Through Electronic Clinical Data Systems (ECDS)

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Prenatal Immunization Status (PRS-E) *</p> <p><small>*Developed with support from the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Health (OASH), National Vaccine Program Office (NVPO).</small></p>	<p>Percentage of deliveries in the measurement period in which members received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement period</li> <li>• deliveries that occurred at less than 37 weeks gestation</li> <li>• members who died during the measurement year</li> </ul>
<p>Prenatal Depression Screening and Follow-up (PND-E) *</p> <p><small>*Developed with support from the California HealthCare Foundation (CHCF). CHCF works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit <a href="https://www.chcf.org/">https://www.chcf.org/</a> to learn more. Also supported by the Zoma Foundation.</small></p>	<p>Percentages of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Depression Screening: members screened for clinical depression during pregnancy using a standardized instrument.</li> <li>2. Follow-up on Positive Screen: members received follow-up care within 30 days of a positive depression screen finding.</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement period</li> <li>• deliveries that occurred at less than 37 weeks gestation</li> <li>• members who died during the measurement year</li> </ul>

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# Measures Collected Through Electronic Clinical Data Systems (ECDS)

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Postpartum Depression Screening and Follow-up (PDS-E) *</p> <p><small>*Developed with support from the California HealthCare Foundation (CHCF). CHCF works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit <a href="https://www.chcf.org/">https://www.chcf.org/</a> to learn more. Also supported by the Zoma Foundation.</small></p>	<p>Percentage of deliveries in which members were screened for clinical depression during the postpartum period and, if screened positive, received follow-up care.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Depression Screening: members screened for clinical depression using a standardized instrument during the postpartum period.</li> <li>2. Follow-up on Positive Screen: members received follow-up care within 30 days of a positive depression screen finding.</li> </ol> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice services anytime during the measurement period</li> <li>• members who died during the measurement year</li> </ul>
<p>Utilization of the PHQ-9 To Monitor Depression Symptoms for Adolescents and Adults (DMS-E) *</p> <p>Ages 12 and older</p> <p><small>* Adapted with financial support from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare &amp; Medicaid Services (CMS) under the CHIPRA Pediatric Quality Measures Program Centers of excellence grant number U18HS020503, and with permission from the measure developer, Minnesota Community Measurement.</small></p>	<p>Members with a diagnosis of major depression or dysthymia and had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members with any of the following anytime during the member's history through the end of the measurement year: bipolar disorder, personality disorder, psychotic disorder, or pervasive developmental disorder</li> <li>• members in hospice or using hospice services anytime during the measurement year</li> <li>• members who died during the measurement year</li> </ul>

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# Measures Collected Through Electronic Clinical Data Systems (ECDS)

HEDIS<sup>1</sup>  
MY 2025

MEASURE	SCREENING, TEST, OR CARE NEEDED
<p>Social Need Screening and Intervention (SNS-E)</p> <p>Ages: ≤ 17–65 years</p>	<p>Members who were screened, using prespecified instruments, at least once during the measurement year for unmet food, housing, and transportation needs, and received a corresponding intervention within one month if they screened positive</p> <p>Food Screening. The percentage of members who were screened for food insecurity.</p> <ul style="list-style-type: none"> <li>• Food Intervention. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.</li> <li>• Housing Screening. The percentage of members who were screened for housing instability, homelessness, or housing inadequacy.</li> <li>• Housing Intervention. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy.</li> <li>• Transportation Screening. The percentage of members who were screened for transportation insecurity.</li> <li>• Transportation Intervention. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.</li> </ul> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>• members in hospice or using hospice during the measurement year</li> <li>• Medicare members 66 years of age and older by the end of the measurement year who meet either of the following:                             <ul style="list-style-type: none"> <li>• enrolled in an Institutional SNP (I-SNP) during the measurement year</li> <li>• living long-term in an institution during the measurement year, as identified by the LTI flag in the monthly membership detail data file</li> </ul> </li> <li>• members who died during the measurement year</li> </ul>

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